

NOKIA

RS

2
10-2-03

Facsimile transmittal

To: USPTO
Art Unit 2661

Fax: (703) 872 9326

RECEIVED
CENTRAL FAX CENTER
SEP 22 2003

From: Thomas B. Hayes

Date: 9/19/2003

Re: IDS

Pages: 36 (including cover pg)

☐ Urgent ☒ For your review ☐ Please Reply ☐ Please Comment

Application No. 09/896153

Filing Date: 6/29/2001

Art Unit: 2661

Applicant: Jean-Marie Tran, Thomas Kenney

Attorney Docket No. 29298

OFFICIAL

Attached please find an Information Disclosure Statement dated 9/19/2003.

9/19/03

Date

Thomas Hayes

Thomas B. Hayes

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0551-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	05/098153
	Filing Date	6/29/2001
	First Named Inventor	Jean-Marie Tran
	Art Unit	2881
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	NC29298

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Cited References
Remarks References US6493328 US6442193		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Nokia Corporation	
Signature	<i>Thomas Hayes</i> Reg 45 688	
Date	9/19/03	

RECEIVED
CENTRAL FAX CENTER
SEP 22 2003

OFFICIAL

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	<i>Thomas Hayes</i>	
Signature	<i>Thomas Hayes</i>	Date 9/19/03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.